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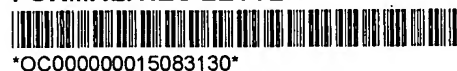
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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/808,892	03/25/2004	Jeffrey D. Ollis	BCS03496

GENERAL INSTRUMENT CORPORATION  
 101 Tournament Drive  
 Horsham, PA 19044

CONFIRMATION NO. 7408

## FORMALITIES LETTER



\*OC000000015083130\*

Date Mailed: 02/02/2005

## NOTICE TO FILE CORRECTED APPLICATION PAPERS

*Filing Date Granted*

An application number and filing date have been accorded to this application. The application is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given TWO MONTHS from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

The required item(s) identified below must be timely submitted to avoid abandonment:

- o Replacement drawings in compliance with 37 CFR 1.84 and 37 CFR 1.121 are required. The drawings submitted are not acceptable because:
  - The drawing sheets do not have the appropriate margin(s) (see 37 CFR 1.84(g)). Each sheet must include a top margin of at least 2.5 cm. (1 inch), a left side margin of at least 2.5 cm. (1 inch), a right side margin of at least 1.5 cm. (5/8 inch), and a bottom margin of at least 1.0 cm. (3/8 inch). See Figures(s) 1, 4 & 5.
  - More than one figure is present and each figure is not labeled "Fig." with a consecutive Arabic numeral (1, 2, etc.) or an Arabic numeral and capital letter in the English alphabet (A, B, etc.)(see 37 CFR 1.84(u)(1)). See Figure(s) 2, 6.

Replies should be mailed to: Mail Stop Missing Parts  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria VA 22313-1450

*A copy of this notice **MUST** be returned with the reply.*

Customer Service Center  
 Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE



FFW \$

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/808,892
	Filing Date	March 25, 2004
	First Named Inventor	Jeffrey D. Ollis
	Group Art Unit	3661
	Examiner Name	Unknown
	Total Number of Pages in this Submission	Attorney Docket Number

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) Replacement	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input checked="" type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> RCE
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	<input type="checkbox"/> Copy of Notice to File Missing Parts
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		ISSUE FEE
		Change of Correspondence Address

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Benjamin D. Driscoll	Registration No.	41,571
Signature	<i>Ben D. Driscoll</i>		
Date	7/29/05		

CERTIFICATE OF TRANSMITTAL/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to facsimile number _____ or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:	
Typed or printed name	Carol J. Smith
Signature	<i>Carol J. Smith</i>
Date	July 29, 2005

Effective on 12/08/2004

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

**FEE TRANSMITTAL****For FY 2005**

Applicant claims small entity status. See 37 CFR 1.27

**Complete if Known**

Application Number	10/808,892
Filing Date	March 25, 2004
First Named Inventor	Jeffrey D. Ollis
Examiner Name	Unknown
Group Art Unit	3661
Attorney Docket No.	BCS03496

TOTAL AMOUNT OF PAYMENT

(\$ 1590)

**METHOD OF PAYMENT (check all that apply)**
☐ Check    ☐ Credit card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account    Deposit Account Number: **502117**    Deposit Account Name: **MOTOROLA, INC.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, **except for the filing fee**
☒ Charge any additional fee(s) or underpayments of fee(s)    ☒ Credit any overpayments  
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES****FILING FEES****SEARCH FEES****EXAMINATION FEES**

Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
<input type="text"/> - 20 or HP=	<input type="text"/> x	<input type="text"/>	<input type="text"/>

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
<input type="text"/> - 3 or HP=	<input type="text"/> x	<input type="text"/>	<input type="text"/>

HP=highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE:**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<input type="text"/> - 100 =	<input type="text"/>	<input type="text"/> (round up to a whole number) x	<input type="text"/>	<input type="text"/>

**4. OTHER FEE(S)**

Fee Paid (\$)

4 Month Extension of Time

\$1590

**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Benjamin D. Driscoll	Registration No.	41,571	Telephone	215-323-1840
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Signature

*Ben D. Driscoll*

Date

7/27/05